

Name of Plan: _____

**Distribution Request Form
Required Employee Information**

Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Marital Status _____

Date of Birth _____ Date of Termination _____

Date of Last Payroll _____

Total Number of Hours Worked

Current Year _____

Prior Year _____

Salary Deferral Contributions - 401(k) Plans Only

Current Year _____

Prior Year _____

Match Contributions - 401(k) Plans Only

Current Year _____

Prior Year _____

Distribution Due To (Please Check One)

Please note: only if permitted by the Plan Document

- | | |
|--|----------------------------------|
| <input type="radio"/> Employment Termination | <input type="radio"/> Loan |
| <input type="radio"/> Retirement | <input type="radio"/> Hardship |
| <input type="radio"/> Death | <input type="radio"/> Disability |
| <input type="radio"/> In Service | <input type="radio"/> Other |

Please complete this form and return to Pension Planners Inc. either by:

Fax: 239-790-0985

Mail: 1045 Crosspointe Drive, Suite 2
Naples, FL 34110

Email: joanneraley@pensionplanners.net

Employer Signature / Authorization

With this notification, Pension Planners will prepare the distribution or loan package, including the Special Tax Notification when required.

Plan Sponsor

By _____ Date: _____